

Love Safely

An Intersectional Guide To Sexual Health And Safety



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Introduction

When I was growing up, finding resources for sexual education was one of the hardest tasks to achieve. At eleven, as a queer child with internet access provided only by my elementary school's computer lab, I would check out a stack of books at my local library with one of the three sexual health books and one of the five queer romance novels tucked in between the more "normal" seeming books. Learning what I could from these books, whatever websites I could access without being expelled, the barebones sex-ed classes of the American education system (thanks for teaching me about the clitoris, at least), and later on experimenting with others my age or sometimes older left me with sexual knowledge that was deeply flawed for a long time.

The sex-ed books and the websites I was able to access taught me that sex was between a man and a woman for procreation and birth control was for sluts. The queer romance novels taught me that as long as the sex was between two people with matching genitals, no protection was needed. The sex-ed classes taught me that people with vaginas don't orgasm, the clitoris is the "devil's doorbell" and if you have sex before marriage, you are forever damaged. Experimenting taught me that **sex could be strange and scary at times, but also fun, pleasurable, and rewarding**. I was never taught about consent and only built up the courage to ask about it when I was in my mid-teens.

This is why making this zine; educating others on sex, consent, and intersecting bodies and experiences is important to me. There are more resources for queer sexual health now more than ever, but there still aren't enough. If I can use my thoughts, experiences, and research to help another resource find its way into the world, I will be able to fulfill a role and a niche I so desperately needed growing up and hopefully help others to never have to take the risks I did.

This zine is meant to fill the gaps left by the education system. This zine is for the queers, the trans, the disabled, the intersex, the kinky, the survivors, the misinformed, and all those curious. This zine is a guide to teach about safe positions, practices, and anything else sex-ed failed to teach us. This zine is a love letter to the wonderful intersecting bodies and lives of the world. **May your love be tender, safe, and comfortable.**



Consent: What Is It?

One of the things that people hear so often, especially today, is how important consent is in all aspects of life. This is true, but what exactly is consent? For the purposes of this zine, I will specifically be talking about sexual consent, but keep in mind that many kinds of consent exist, both inside of and outside of sexual intimacy.

RAINN (Rape, Abuse, and Incest National Network) defines consent as “an agreement between participants to engage in sexual activity.” They state that “Consent should be clearly and freely communicated.” and “Consent cannot be given by individuals who are underage, intoxicated or incapacitated by drugs or alcohol, or asleep or unconscious.” They also explain that consent cannot be given under pressure, threat, or coercion, nor can it be given when there are unequal power dynamics at play. So, what does this mean exactly?

All forms of sexual contact need to be talked about and agreed upon by all people engaging sexually. Clearly communicating and freely giving consent means explicitly agreeing to sexual activity without feeling forced or coerced into agreeing. If someone is underage, too drunk or high to communicate properly/make decisions, or if someone is not awake, **they cannot consent** to sexual activity, even if they are saying they want to. When unequal power dynamics are present, say between a boss and an employee, consent cannot be given due to the power the boss holds over the employee.

Consent can look like whatever you and your partner(s) have agreed it looks like. For some, it can be as explicit as saying “yes” when asked if one or the other wants to have sex. For others, things such as safewords might need to come into play, especially when engaging in kinky sex, which I will expand on in “Kinks, Fetishes, And ‘Weird’ Sex” on pages 10-11.

No matter what consent may or may not look like to you and whoever you choose to have sex with, it is extremely important for all parties to obtain it **every time** you engage sexually. Consent can also be withdrawn at any time by both you and your partner(s). If at any point you or your partner(s) aren’t feeling up to sex anymore or don’t like exactly what’s happening, **all parties are allowed to withdraw consent.**

Consenting to sex at one time **does not** mean that that consent carries over to another time. If you or your partner(s) withdraw consent, all sexual activity must stop immediately. **Continuing sexual activity after consent is withdrawn is assault.** If you, your partner(s), or a friend have withdrawn consent in the past and had their/your withdrawal ignored or believe that they/you have been assaulted, please reach out to someone you trust or reach out to RAINN at 800-656-4673 or <https://hotline.rainn.org/online>.

Language Preferences

Now that you've learned a bit more about consent, let's talk about language preferences. Learning your partner's preferred language for their parts and teaching them the language you would like used for yours is a part of consent and communication that isn't talked about nearly enough. And that's exactly why we're going to talk about it.

There are many reasons why someone might want language used for their body that isn't considered "typical." For trans people, **using different language for body parts might help reduce dysphoria** (feelings of discomfort or distress around gender/sex) and/or induce euphoria (feelings of joy or comfort around gender/sex). For intersex people, **the "typical" language might not fit**. For some, some types of language might feel more fun, exciting, or comfortable than others for an unknown reason. Either way, **wanting to use different language for your parts or your partner(s) wanting to use different language for their parts is perfectly fine and you or anyone else should never feel ashamed for wanting that**.

For people with majority internal genitalia (vaginas, cervixes, etc.) who experience dysphoria, discomfort, or any other negative feeling (or lack of good feeling) around the typical words used to describe these parts, alternate language you could try might be something like "hole" when referring to the opening or "dick" when referring to the clitoris. If you have breasts, try referring to them as simply your chest. There are many ways to refer to different parts of your body.

For people with majority external genitalia (penises, testicles, etc.) who experience dysphoria, discomfort, or any negative feeling (or lack of good feeling) around the language that is typically used to describe your parts, some language you could try might be "clit" when referring to your crotch or "pussy" when referring to your anus. Try referring to your chest as your boobs or "tits." Test out different terms and see how you feel about them.

When in doubt, try out different terms and see what clicks. Sometimes, it could be language typical to those with majority internal or external genitalia. Other times, you might feel just fine with the terms typically used to describe your type of genitalia or you might not feel comfortable with any terms at all. No matter what, **it's always okay to refer to yourself in whatever way you feel most comfortable**.

Same goes for your partner(s). Before engaging in sexual activity, check in with them, make sure you're using the language that they're comfortable with, and let them know what language you're comfortable with. There also may be parts of your body that you don't want touched or parts of their body that they don't want touched. **Always communicate your desires with your partner(s) and allow them to do the same.** Communication and consent are not only important but also hot!

So, What Is Sex?

Now that we've talked about consent and language, let's try to answer the question of what exactly sex is. According to Planned Parenthood, "People define 'sex' in different ways. Some people believe that it only counts as sex if a penis goes into a vagina, but this isn't true for everybody." Planned Parenthood is correct in this statement. Sex can be external genitalia entering internal genitalia, but it can also be many other things, like oral sex, fingering/handjobs, dry-humping, masturbation, etc, all of which I will elaborate on in pages 6-7 and pages 8-9, "Non-Penetrative Sex" and "Penetrative Sex" respectively.

Whatever you and your partner(s) agree counts as sex is sex. If you agree that watching each other masturbate counts as sex, it counts as sex. If you agree that giving each other oral sex of any kind counts as sex, it counts as sex. If you agree that watching porn together counts as sex, that counts too. **There is no real solid definition of "sex"** so, in this case, the world is your oyster.

As long as it's consensual and safe for all parties, the definition of sex is completely up to you and your partner(s) and can involve as many people as would be pleasurable to have sex with. Whether that be by yourself, with one other person, or two, or three, or more, as long as the activity is safe, consensual, and agreed upon to be sex, it's sex.

In short, **sex is whatever you want it to be.** Have fun, be safe, and use protection!



Non-Penetrative Sex

Non-penetrative sex (or outercourse) is “any sexual experience that does not involve penetration of any sort” (Noero) and it may or may not result in an orgasm. **Even if neither you nor your partner(s) orgasm, it can still be a fun and pleasurable experience for all parties.**

Non-penetrative sex can help prevent pregnancy for those able to get pregnant, help people with majority internal genitalia orgasm easier, help to avoid the pain that may come with penetrative sex for some, help improve communication and trust between you and your partner(s), and help establish boundaries. **It is also a good way to be sexually intimate with your partner(s) if you or they are either not ready for, can’t have, or are nervous about penetrative sex but still want to be intimate.**

There are many ways to have non-penetrative sex. I will list some of the most common ways below along with a short definition for each. Keep in mind that **even though non-penetrative sex is a good way to help prevent pregnancy, there are still risks involved, and protection and/or lubrication are still needed in a lot of cases.** For information on protection/prevention methods and lubrication, go to pages 12-13 and 14 respectively for those topics.

Chest Fucking: Chest fucking involves thrusting into the space between a partner's breasts or pecs to create genital stimulation. One way this might work would be to have one partner lay on their back while the other(s) straddle their chest and thrust while squeezing the chest of the lying person together to create pressure. Another way might be to have one person sit while another kneels and squeezes their chest together while rubbing the other person’s genitals between their chest. (Paraphrased from “Mammary Intercourse”).

Dry Humping: Dry humping involves rubbing clothed genitals against an object (such as a pillow) or another person, particularly against their clothed genitals, thigh, ass, or anywhere else that feels good. It can be done in any positions that feel pleasurable. (Paraphrased from “Dry Humping”).

Frotting: Frotting involves people rubbing their unclothed genitals together without penetration. This can be done in any position that feels pleasurable.

Intercrural Sex or Thigh Fucking: Intercrural sex involves someone thrusting between another person’s closed naked thighs to create genital stimulation. This can be done in many ways, but is most commonly done while standing, bent at the waist, or lying down.

Mutual Masturbation: Mutual masturbation involves masturbating alongside your partner(s) or helping each other masturbate. This can be done by all parties touching their own genitals,

each other's genitals, listening to/watching each other masturbate over the phone/video while masturbating, or any other way that involves masturbating or stimulating genitals together.

Manual or Hand Sex: Hand sex involves using one's hands to stimulate the genitals. It's similar to mutual masturbation in which someone touches another's genitals, however, instead of touching each other at the same time, hand sex takes on a more of a one-at-a-time approach.

Nipple Play: Nipple play involves stimulating the nipples for sexual pleasure. For some with more sensitive nipples, this can feel especially pleasurable and may cause an orgasm without any other stimulation. For some with less sensitive nipples or nipples with no feeling, it might not do much.

Tribbing or Scissoring: Similar to frotting, tribbing or scissoring often involves rubbing unclothed genitals together, however, there is often a specific position used in which partners will usually lay on their sides with their legs crossing with genitals touching like two open pairs of scissors slotted together in the middle. (Paraphrased from "Scissoring").

In addition to these forms of non-penetrative sex, there are many others, some debated as to whether or not they count as non-penetrative sex. Some examples of this are oral sex and fingering of all kinds. For the purposes of this zine, both oral sex and fingering will be listed as penetrative sex. I will elaborate on this decision in "Penetrative Sex" on pages 8-9.

Non-penetrative sex can be used as foreplay to "add to sexual excitement" or "help prepare the body for intercourse" (Amy) or it can be an act of its own. It all depends on the participants and their desired experience.



Penetrative Sex

Penetrative sex is sex that involves penetration of any kind by any means, whether that be with external genitalia, with hands/fingers, or with toys such as dildos (paraphrased from “Section 2: Penetrative Sex”). Because of this definition and the presence of penetration during these acts, oral sex and fingering will be considered penetrative sex in the context of this zine though they are often debated to be non-penetrative sex and, in my opinion, exist in a grey area between the two.

Just like non-penetrative sex, penetrative sex may or may not result in an orgasm. **There’s no shame in not being able to reach orgasm during penetrative or any other kind of sex.**

Orgasming can be more difficult for some than others. Orgasms can also look and feel different depending on the person. I will elaborate on this in “Orgasms And What May Happen Before, During, And After” on page 15.

There are many kinds of penetrative sex, just like there are many kinds of non-penetrative sex and penetrative sex can look, feel, and be a lot different from person to person. Below, I will list different kinds of penetrative sex and what they might look like

Vaginal Sex: Vaginal sex involves something (external genitalia, a sex toy, etc.) entering majority internal genitalia. “There is no one right way of having vaginal sex.” (“Vaginal Sex”). This type of sex can happen in any position that feels comfortable and pleasurable to all parties involved. This type of sex requires protection methods (such as condoms, internal condoms, etc.) to be safe and may require lubrication depending on factors such as whether or not foreplay occurred, decreased vaginal fluid production for any reason, or many other factors. Vaginal sex can also occasionally cause pain, especially for those with vaginismus which is “when the vagina suddenly tightens up when you try to insert something into it.” (“Vaginismus”). If any pain outside of a stretching feeling or slight sting/burn that stops after a few seconds or less happens, stop immediately and do not attempt this form of sex until consulting with a doctor.

Anal Sex: Anal sex involves something (external genitalia, a sex toy, etc.) entering the anus. Like vaginal sex, it can occur in any position that feels comfortable and pleasurable. This type of sex also requires protection/prevention methods, but, unlike vaginal sex in which lubrication might not be needed depending on circumstance, **lubrication is always needed for anal sex as the anus cannot lubricate itself.**

Cunnilingus: Cunnilingus is oral sex performed on majority internal genitalia in which “someone uses their mouth to stimulate someone else’s vulva or vagina.” (Gilmour). This form of sex requires protection such as dental dams. This form of sex can be performed in many

positions, such as having one person lay down on their back and having another person lay between their legs or one person straddling another's head while the one being straddled stimulates, but it can be done in many other positions. The mouth and tongue are used to lick, suck, vibrate, and occasionally gently nibble on parts of the genitals such as the lips, clitoris, and internal walls.

Analingus: Analingus, like cunnilingus, is performed by using the mouth and tongue to stimulate. However, instead of stimulating majority internal genitalia, analingus stimulates the anus. This form of sex also requires protection such as dental dams but, unlike anal sex, it does not require lubrication. This form of sex can be performed in many of the ways cunnilingus can be performed and like cunnilingus, the mouth and tongue are also used to lick, suck, vibrate, etc. the outer rim and inner walls of the anus.

Felatio: Felatio is oral sex performed on majority external genitalia. Like both cunnilingus and analingus, the mouth is used to stimulate the genitals. Hands can also be incorporated into this type of sex to gently fondle the testicles and/or to stroke any length that can't fit in a person's mouth/throat. Everybody has different felatio-giving abilities. There's no shame in gagging, choking, or not being able to fit someone's full length. Protection, such as condoms, is also advised for this kind of sex.

Fingering: Fingering is manual sex (sex performed with the hand) that involves inserting fingers into a person to stimulate the inner parts of their genitalia and/or anus. It is advised that even with fingering, some sort of protection occurs, such as using plastic or latex gloves. This form of sex can be had in any position and may require lubrication depending on the circumstance and which opening is intended to be fingered. It is also advised that if both internal genitalia and the anus are going to be fingered one after the other that gloves be changed and hands be washed to avoid any infections such as a UTI (urinary tract infection).

Fisting: Fisting, like fingering, is a type of manual sex, however, unlike fingering, fisting requires a lot of work and practice to achieve. The desired opening must be stretched, lubricated, and practiced enough to be able to fit someone's entire fist or occasionally forearm. This form of sex is not for everybody and unless both you and your partner(s) find the premise interesting and/or hot, I do not recommend it.

No matter the type of penetrative sex, protection such as condoms, dental dams, or gloves (elaborated on on pages 12-13) are needed to help you and your partner(s) to have fun safely. All kinds of sex carries the risk of contracting STIs and depending on your and your partner(s) hormones, internal, and external genitalia, there also may be a risk of pregnancy. **Sex always carries a risk, but this risk can be greatly reduced by using protection.**

Kinks, Fetishes, And “Weird” Sex

Like non-penetrative and penetrative sex, **kinky sex can come in many different forms and look many different ways depending on the persons involved.** Some might like to tie others up or otherwise restrain them or they might be tied up or restrained themselves. This is called “bondage”. Some might like to hit others or be hit either with a hand or an implement like a paddle or a whip. This is called “impact play”. These are just two popular examples of what could occur during kinky sex and either one could be a kink or a fetish.

The terms “kink” and “fetish” are often used interchangeably and this can make it hard to distinguish the difference between the two. If you don’t know the difference or if this is the first time you’ve heard either of these terms, no worries! This zine is an educational resource, so these terms will be explained.

A kink is “a sexual behavior or practice that falls outside of standard sexual practices.” (MasterClass). Basically, **anything outside of vanilla or so-called “ordinary” sex is considered kinky.** Things like bondage and impact play as I listed above are common examples of kinky interests/activities, but there are also many others. Some other common examples are things such as choking (also called breath play), exhibitionism (feeling aroused by others watching you engage in sexual activities), voyeurism (feeling aroused by watching others engage in sexual activity), role-playing (pretending to be someone or something else), being aroused by usually non-sexual parts of the body (such as feet or armpits), being degraded, or being praised. These are not the only kinds of kinky interests/acts out there, but they are the most common.

Now that the term “kink” is defined, what is a fetish? A fetish is similar to a kink in that it involves sexual behavior that falls outside the “norm”, however, **unlike a kink, a fetish must have the “specific object, sexual or non-sexual body part, or behavior” present to “achieve sexual arousal and enjoyment.”** (MasterClass). Those with fetishes often can’t experience sexual pleasure without the focus of their fetish (or fetishes) present while those with kinks can.

That being said, **there is no shame in having kinks or fetishes.** Some people believe that having kinks and fetishes is gross, wrong, or “deviant”, but these people are incorrect. Kinks and fetishes are a normal part of human sexuality and while some might argue that engaging in kinky sex is abusive, **when engaging in kinky acts, consent is present every step of the way**, even for scenes (the term for engaging in kinky acts) that involve CNC (consensual non-consent). This is what the rules of SSC (safe, sane, and consensual), RACK (risk-aware consensual kink), and safewords are for.

SSC (safe, sane, and consensual) means, in short, that as long as the acts aren’t life-threatening/won’t cause extreme harm to any parties involved in the scene and all those

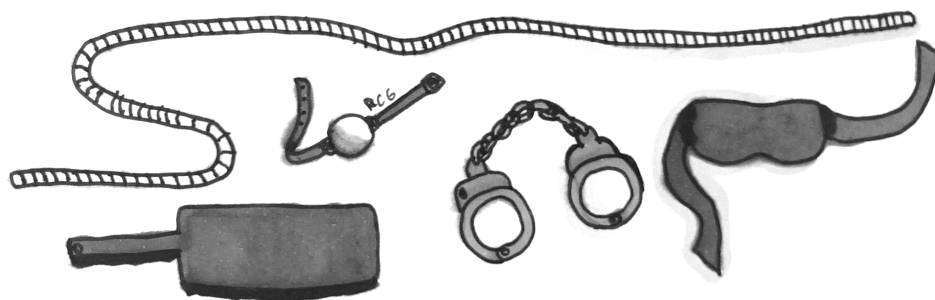
present consented to engage in the acts being performed, **what happens between the parties engaging sexually is none of anyone else's business and no one should be shamed or looked down on for what they enjoy.** RACK (risk-aware consensual kink) means that all those engaging in kinky sex acknowledge that there is always a risk of things going wrong and have discussed with each other what will happen if things do go wrong.

Safewords are words outside of the standard “yes”, “no”, or “stop” that are used to consent or withdraw consent. They are “a tool designed for use in kink spaces to keep all participants as safe as possible.” (Kahn). Some scenes such as CNC scenes can’t use typical non-consenting language like “no” or “stop” while engaged in the scene due to the nature of the kinky act so safewords are required to signal when the activity really needs to end vs when the scene is being played into. There also may be times when someone can’t speak when engaged in a scene, for example, being gagged or simply out of breath, and so, safe signals are required.

One common type of safeword set is using what’s called the “Stoplight System.” The Stoplight System is a set of safewords meaning “good to go”, “slow down”, and “stop”, green, yellow, and red respectively. The Stoplight System is one of the most common types of safeword system because the words are short, easy to remember, and have a standard, well-known meaning. Other types of safewords could be calling out an unrelated word or simply using the word “safeword” when things are too intense and need to end.

Common types of safe signals are things such as snapping, tapping, hand squeezing, pinching, or anything else that will get the attention of the person in the dominant role and signal that the scene needs to end. The stoplight system can also be used non-verbally by assigning a number to each color and tapping, snapping, pinching, etc. the number of times that is needed to communicate which color is being used. Safewords and safe signals can also be used outside of kinky sex. It all depends on the preferences of you and your partner(s).

That being said, **kink isn’t for everyone.** Sometimes, you might want to try something and find that it doesn’t work or you and/or your partner(s) might just not be into kink. Just like there’s nothing wrong with being kinky, there’s nothing wrong with being vanilla. No matter what type of sex is being had, respect is a must. There should be no shaming from anyone for their kinks or lack thereof. Everyone has different interests and that’s okay!



Protecting Yourself And Your Partner(s)

In this zine, I've talked a lot about the importance of using protection and about protection in general. So, what do I mean when I talk about protection and why is it so important? When I use the term "protection" in the context of educating about sex, I am referring to anything that can help prevent things like the spread of STIs (sexually transmitted infections) and/or pregnancy.

Using protection is important when having sex because many STIs can pass through things such as skin-to-skin genital contact, skin-to-skin contact with other parts of the body, or contact with bodily fluids such as semen, blood, discharge, or spit.

Some STIs such as gonorrhea, chlamydia, or syphilis are easily curable with medication, however, some STIs are harder to get rid of, may cause life-long problems, or are impossible to cure, such as herpes or HIV. There are many protection/prevention methods out there that help protect from STIs and/or pregnancy. I will list some of these methods below along with a description of each one.

External Condoms: External condoms are "a thin, loose-fitting pouch or sheath"(Cleveland Clinic) that are often made of latex. Latex-free condoms exist for those with latex allergies and some versions have ribs or bumps to increase sensation. External condoms prevent the skin of majority external genitalia from touching the skin of other persons and keeps semen contained. To use an external condom, ensure the ring is on the outside of the condom, put the condom on the tip of the erect genitalia with about ¼ inch of room on top, squeeze the tip of the condom, and roll it down until it reaches the base of the genitals. (Paraphrased from Cleveland Clinic). **Throw condoms away after use, they are not reusable. Keep in mind that condoms of any kind are not 100% effective so it would be wise to use another form of protection in addition to using condoms.**

Internal Condoms: Internal condoms, like external condoms, prevent skin and fluids from touching others and come in latex-free versions. Unlike external condoms, instead of going around something, they go inside. To use internal condoms, get into a comfortable position. If the condom is going into an anus, remove the smaller inner ring. If it is going into internal genitalia, keep the smaller ring. Squeeze the sides of the smaller ring together and insert it with your fingers, pushing it as far as it will go. If it's going into an anus, simply push it in with your fingers. The larger ring should hang about an inch outside your body. (Paraphrased from "Internal Condoms").

Dental Dams: Dental dams also prevent skin and fluids from touching others. To use a dental dam, simply place the square of rubber over the opening of the anus or genitals.

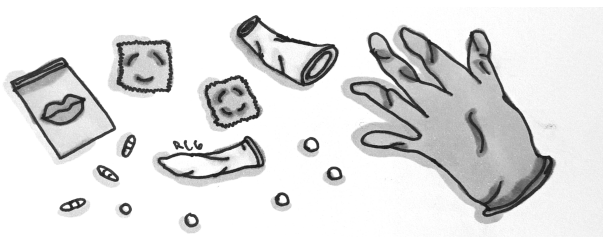
Gloves: Gloves prevent the skin of the genitals or genital fluids from touching the skin of the hands. Popular types of gloves to use for manual/hand sex are latex, vinyl, rubber, or leather.

Birth Control: There are many forms of birth control to choose from for those who are able to conceive, such as pills, implants, IUD (intrauterine device), shots, etc. Depending on the method, you may need to set up a schedule to remember your birth control, especially with things such as pills or shots. Pills are usually taken daily and shots are usually given by a medical professional on a monthly or bi-monthly basis. An implant can last up to five years before needing to be replaced and an IUD should be replaced every 8-12 years depending on the brand. Choosing a birth control option is a very personal experience and not every version will work the same for everyone. Speak with a doctor about what type of birth control might be right for you.

PrEP: PrEP is short for “pre-exposure prophylaxis” and is used to help prevent from catching HIV. Anybody can use PrEP and it comes in two forms, a daily pill or a bi-monthly shot. There is also what is known as “on-demand” PrEP or emergency PrEP which is “taking 2 PrEP pills 2-24 hours before you have sex, 1 pill 24 hours after the first dose, and 1 pill 24 hours after the second dose.” (“PrEP”).

Plan B/The Morning-After Pill: Plan B or the morning-after pill is a pill that can be taken within 72 hours after unprotected penetrative sex to prevent pregnancy. If you are able, it is advised to use the above methods such as condoms when having sex as Plan B does not prevent STIs. They are sold at most drug or grocery stores without a prescription or you may be able to find them for free or at a reduced cost at a Planned Parenthood or community outreach center in your area.

It is always wise to use whatever protection/prevention methods are available to you when you are able, but, **if you ever find yourself in a situation in which you have no protection or the method you or your partner(s) used failed, there is no need to be embarrassed or ashamed.** The same goes for if you think you may have an STI. If you feel any unusual itching near your genitals, burning while peeing, notice any suspicious bumps or lumps, have changes in discharge production such as color, smell, or consistency, etc, or even if you’re just concerned, **don’t be embarrassed to get tested.** The sooner you are tested, the more treatment options are available, and the better the outcome will be. These kinds of things happen all the time and as long as you don’t panic and you act in a timely manner, things will turn out okay.



Types Of Lubrication And Why It's Needed

Lubrication or simply “lube” does what its name suggests: lubricates. Lube might be needed for many reasons during sexual activity. The part of the body being interacted with sexually might not lubricate itself naturally. Parts of the body that do lubricate naturally might not produce enough natural lubricant. Using more lube can make sex more comfortable or you and/or your partner(s) might just like the feeling of wetter sex.

No matter the reason, **lubricant is a useful tool for sexual activities of all kinds.** That being said, there are some types of lube that are more helpful or better for some people and some types of sex than others. There are three main types of lube that I will list below along with their intended uses and pros and cons,

Water-based Lube: Water-based lube is a type of lubricant that is safe to use with condoms of any kind and sex toys. It's also good for people with sensitive skin and is easy to clean up, however, it might feel sticky and it doesn't last as long as other types of lube. (Paraphrased from Yuko).

Silicon-based Lube: Silicon-based lube is safe to use with condoms of any kind. It's less sticky and lasts longer than water-based lube, but it might not be good for sensitive skin, is unsafe to use with sex toys, and might be a bit harder to clean up. (Paraphrased from Yuko).

Oil-based Lube: Oil-based lube like coconut oil is good for sex that involves skin-to-skin contact such as frotting or intercrural sex (pages 6-7) but is not safe to use with condoms or sex toys. The oil can break down the material and cause condoms to break. (Paraphrased from Yuko).

When buying lube, always check the label to see what type of lubricant it is. Buying oil-based lube when intending to use a condom of any kind can lead the condom to break. Buying silicon-based lube when you or your partner(s) have sensitive skin can cause a breakout or discomfort. Buying water-based lube when any involved parties have sensory issues surrounding stickiness can lead to a bad time. **Lube is very useful, but it can only stay useful when using the right type for the activity and people involved in sex.**



Orgasms And What Might Happen Before, During, And After

Orgasms can happen during any kind of sex or masturbation. Orgasms can happen outside of sex. Sometimes, even when someone really wants to orgasm, they might not be able to for whatever reason. Sometimes, a person might not know whether or not they've had an orgasm. These are all facts, but what exactly is an orgasm?

An orgasm is “the height or peak of sexual arousal when the body releases sexual tension and pressure. It involves very intense feelings of pleasure in your genitals and throughout your body.” (“Orgasms”). Basically, **an orgasm happens when the body has had enough sexual stimulation to cause a release.** Orgasms can also happen involuntarily for a number of reasons, such as having a sexual dream or the genitals being unconsciously stimulated by doing something like riding a bike. They don't last very long, usually only a few seconds, but orgasms can feel very pleasurable. There are things that can happen within the body to warn that an orgasm is approaching. For example, your breath and heart rate might speed up. You might feel like you're overheating. Your body might shake or your muscles might tense uncontrollably. Orgasms can also happen suddenly without warning.

When an orgasm occurs, your body releases the tension that builds up during sexual activity. This can look and feel many different ways. For some, it can feel like a simple release of pressure. For others, it can feel something like an explosion or a sudden large wave of pleasure. Some ejaculate or release fluid during an orgasm. For those with majority external genitalia, they might release sperm during an orgasm. For those with majority internal genitalia, they might release a clear or slightly cloudy fluid that may shoot or trickle out. This is called squirting. **Squirting is not the same as peeing.** While a small bit of urine can be excreted while squirting, most of the fluid that comes out is a mix of “*prostate-specific-antigen* (PSA), fructose, and glucose” aka, a substance with “a similar composition to seminal fluid.” (Lepage). **Not everyone can squirt.** While not rare by any means, not everybody with majority internal genitalia can squirt. Those who can't squirt might instead experience an increase of natural lubricant during orgasm.

After an orgasm, a person might feel relaxed or tired. Their genitals might be sensitive for a while. Their skin might be flushed or red for a while. The genitals that were either erect or swollen before orgasm will slowly return to their non-aroused states. Whether or not orgasm was achieved, it is advised to clean up using a wet washcloth or short shower after sexual activity to prevent things like discomfort or chafing. **Just as it's normal to experience any kind of orgasm, whether that be accompanied by ejaculation or not, it is also normal not to experience orgasm.** Sometimes, the body just doesn't want to orgasm, no matter how much you might. If you are concerned by an inability to orgasm, talk to a doctor about what might be preventing orgasm for you.

A Quick Rundown Of Penetrative Sex Positions

Just like there are many different kinds of sex, there are also many different kinds of sex positions. Below, I will list some common sex positions and what they might look like.

Missionary Position: Missionary position is a sex position that involves one person lying on their back with another person on top of them, face to face. The person on the bottom can wrap their legs around the top's hips or have a pillow tucked underneath their hips to create more depth or help the person on top comfortably penetrate them. This position can be a bit difficult for some, especially when using anal penetration.

Doggy Style: Doggy style is a sex position that involves one person kneeling on all fours or laying face down with their backside up while another person behind them thrusts into them. This position can allow for deep penetration, however, it can be difficult for people with majority internal genitalia as they might have to raise their hips higher than if this position is done anally. It can also be hard on the knees of all parties and the elbows of the bottom.

Riding Position: Riding position, also called “cowgirl” or “cowboy” position, involves one person lying on their back with another person kneeling/sitting/squatting with their knees/feet on the sides of the lying person's hips face to face. The person on top is penetrated by the person on the bottom, the person on the top rising and falling while the person on the bottom thrusts. This position can be hard on the hips of both parties as well as the knees of the person on top and might not be accessible for everyone.

Reverse Riding: Like riding, reverse riding, also called “reverse cowgirl” or “reverse cowboy”, involves one person lying on their back and another person straddling their hips rising and falling while the person lying thrusts. However, unlike riding, reverse riding is not done face to face. The person on top will instead be facing away from the person lying down. Like riding, this position can also be hard on the hips and knees.

Spooning Position: Spooning position is done with all parties laying in a “spooning” position with the “big spoon” penetrating the “little spoon.” This position is meant to be relaxing and is great for morning sex, however, it can be difficult for people with majority internal genitalia who's thighs touch.

There are also some more uncommon sex positions that you and your partner(s) might want to try. A good place to find some creative sex positions is <https://www.kinkly.com/sex-positions>. There are filters for position type, different types of mobility, etc. If you feel the positions above might not do it for you and/or your partner(s), check out Kinkly!

Using Positions That Suit Everyone's Needs

There are certain sex positions, like missionary position and occasionally doggy style, that sometimes get a lot of flak for being “boring” or “too safe.” Despite what some people might say, **there is no position that is truly “boring” and there is no such thing as “too safe” when it comes to sex.** For some, like me, missionary position can be the easiest, most pain-free, accessible, and pleasurable way to have sex. My disability stops me from having sex in most other positions. My hips might lock up, my legs might hurt, my back might give me trouble or I might get too dizzy in other positions. Because of this, I need less intense positions that put little strain on my body. That means no riding, no doggy style, and no acrobatics.

Depending on your level of physical ability, you might be the same or you might be different. Some people's bodies are better suited to higher-intensity positions than others. Just like how I need low-intensity positions, some people might need high-intensity positions. It all depends on your body, your partner's body(s), and what you or they can do without discomfort and/or injury.

Sometimes, knowing what positions hurt or feel uncomfortable is a trial and error ordeal.

There's no shame in trying something and finding it doesn't work. Think you'd like to ride but not sure if it would work for your body? Find a time to attempt the position and see if you can move that way safely. If you have a partner or partners, you could try it with them and see if it works. If you're solo, try using a pillow to mimic the shape of another person's torso. Want to try topping someone from behind? Test how long you're able to sit upright on your knees. If it's not long enough for you and/or another person to orgasm, it might not be the right position for you. Some things work and some don't.

Just like how there are positions that might cause physical discomfort, some positions might cause psychological discomfort. Someone might be comfortable penetrating or “topping” others but might feel uncomfortable being on top of someone for whatever reason. Someone might enjoy being penetrated but feel trapped when underneath someone. **Having limits both physical and psychological is normal and you should never feel ashamed or be made to feel ashamed about what you can and can't do.**

Sex is meant to be a fun activity for all involved. Part of that fun is using positions that suit the needs of yourself and others. Communicate with your partner(s) and let them know what you can and can't do. Allow them to do the same. Everyone has limits and with proper communication and some experimentation, you and your partner(s) are sure to find positions that are fun, exciting, and comfortable.

Sex And Disability

Having sex as a disabled person can be a lot more complicated than having sex as someone without a disability. A lot of people see disabled people as sexless or believe that we can't have sex, either because we can't consent to sex or because we are physically unable to. While it is true that some higher support needs cognitively disabled people can't consent, many of us can and lots of disabled people do have sex. **Because of this view of us as helpless, sexless beings, there are very few resources about sex for us.** Because of the lack of resources, I want to talk about disabled sex.

There is an understandable amount of anxiety surrounding having sex as a disabled person. What if something unexpected happens, like losing speech, suddenly losing muscle tone, or not being able to support either your own weight or the weight of another person? What if the sex hurts? What if the person(s) you're having sex with only views you as a sexual object or what if the person(s) you want to have sex with don't find you attractive? What if things don't work out the way you want? What if the sex you want to have doesn't work for your body? As Better Health states, "Your disability may affect your ability to have the sex life you would like – you may have to approach sexual activity differently..."

As I mentioned in "Using Positions That Suit Everyone's Needs" on page 17, there might be positions that you want to use or try that just aren't possible for your body. There might be sensory issues present that could make sex unpleasant at times. Despite wanting to have sex, sometimes you might be too tired or uncomfortable or feel too sick to have sex. **Feeling frustrated or anxious about having sex as a disabled person - about the things you want to do, but can't, about the uncertainty that can come with hooking up with a non-disabled person, etc - is perfectly normal and natural.**

If you are worried about others seeing you as attractive or if you are worried about having sex with your disability, masturbation could be helpful in boosting your confidence. **We can't control how people react to us as disabled people, but we can know that we're hot and we're capable and deserving of pleasure of all kinds.** Masturbation obviously isn't a cure-all when it comes to the problems that disabled people face when it comes to sex and sexuality, but sometimes, a little self-loving goes a long way in helping us understand what we want and need from sex.

I can't use water-based lube because of my sensory issues. I can't sit on my knees or have sex in very many positions because of my joints. I know what a really good orgasm feels like and I know how to get there mostly pain-free. I know how to explain to others how to get me where I want to be, how to touch me, how to talk to me, how to care for me. I learned these things from masturbation, from fantasizing, from reading smutty fanfics at 3 am on a phone screen. As

disabled people, we often unfortunately have to teach ourselves these things without much or any help.

When it comes to identifying those who only see disabled people as sex objects, there are key signs to look out for. Do they only seem interested in your mobility devices if you use them? Do they mention your disability a lot, saying things like “I’ve never slept with someone in a wheelchair before” or “Is it true that d/Deaf people moan loudly?” Are they with a group of friends that seem to be egging them on? If so, it’s advised to steer clear. Sure, they could just be curious or their friends could be trying to be wingpeople, but it’s better to be safe than sorry.

There are people out there who see us as a means to an end or a curiosity. We can’t fix these people, but we can know to look out for them.

For those of us who have a partner or partners, sometimes our own insecurities can get in the way of sexual intimacy. For me, at least, it is helpful to remember that those who truly care about us want what’s best for us and that our partner(s) probably have similar fears to us. They might be afraid of hurting us during sex or using a position that doesn’t work or that their libido might be too high or low for yours. **The best thing anyone can do for any sort of relationship, sexual, romantic, platonic, etc, is communicate.** Talk with your partner(s) about your worries, your insecurities about having sex as a disabled person. Let them share their worries with you.

Try to find ways to work with your disability and, if you can’t find ways on your own, consult a disability-educated doctor or sex therapist to see if there is anything they would suggest. Sex can be more of a journey for some than others. **Disabled sex can be liberating and fun and enjoyable, but it can also be frustrating and difficult. There are an infinite amount of bodies and variabilites and there are an infinite amount of ways to feel and be.** I am not an authority or expert on all things sex or all things disability, but it is my sincere hope that this chapter can at least help you pave your own path for your journey with disabled sex.



Trans And Intersex Bodies

Being trans and/or intersex can complicate sex in ways that many cis (non-trans) and/or perisex (non-intersex) people don't think about. Depending on our bodies, how we feel about them, how society tells us how to feel about them, our hormones, sex characteristics, etc, there are a multitude of ways for us to feel about sex and interact with sexuality. There is a lot of manufactured shame surrounding being trans and being intersex. We are taught that our bodies are shameful and should be hidden. This is part of why **trans and intersex sexuality is so beautiful and revolutionary.**

As trans people, we can shapeshift our bodies into whatever form we want with clothes (or lack thereof), hairstyles, hormones, etc. The more we interact with the world as our authentic selves, the hotter, more confident, and more capable we get. Despite us being so undeniably hot, **dysphoria or general discomfort can get in the way of our sex lives.** You might feel uncomfortable being naked around others. You might feel dysphoric or worried that people don't see you for who you are. You might worry about "chasers" aka cis people who fetishize and sexualize the existence of trans people. The hormones you take (if you take any) might have some effects that make having sex more difficult. Sometimes, even if you really want to have sex, you might not be able to for any of the above reasons. This can be frustrating and/or disappointing.

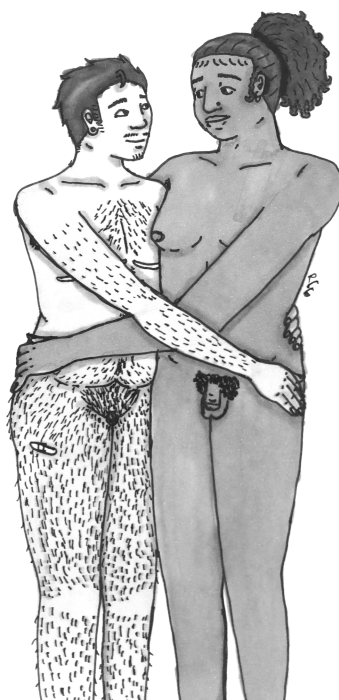
There are ways to try to get past these hangups in your sex life. If you have majority internal genitalia and take testosterone, you can try using more lube to help with the decrease in natural lubricant that can come with taking testosterone. For anyone with top/chest dysphoria, you can try having sex while wearing a shirt. If you feel uncomfortable with anyone seeing or touching your body naked but still want a sexual experience, you can try a form of non-penetrative sex (pages 6-7) such as dry humping. Non-penetrative sex can also be helpful if you have majority external genitalia and have trouble getting/maintaining an erection due to taking estrogen. It all depends on your and your partner(s) preferences and abilities.

As for chasers, there are a few methods I personally use to identify whether a potential partner or hookup is a chaser. If they ask invasive questions about your genitals, your transness, whether or not you've had "the surgery", etc they may be a chaser. If they only seem interested in your transness and no other facet of your selfhood (personality, opinions, interests, etc), they're likely a chaser. If they react with disgust, distress, or anything outside of a normal "that's cool" reaction to your future transition plans (such as taking hormones, getting surgeries, etc) they are definitely a chaser. **Steer clear of chasers and warn others when you identify one. Chasers are always predators.**

As intersex people, we transcend expectations and live extraordinary lives. We are extremely diverse in experience and existence. Our bodies don't fit in the binary our society believes to exist and this can make it extremely hard for us to have the sexual health resources we need. There are so many intersex variations out there that it is hard for me to make suggestions as to what might help with sexual difficulty.

I myself have NCAH (nonclassical congenital adrenal hyperplasia). Exploring my own body, observing the differences between my genitals and secondary sex characteristics, taking note of what made me feel good, what was painful or unpleasant, etc was imperative to me learning what types of sex and stimulation not only felt good but was possible for me. Exploring helped me learn that to have non-anal penetrative sex, I'd need to use dilators to train. It helped me learn that even before I started testosterone HRT (hormone replacement therapy) I didn't naturally lubricate as much as other people with majority internal genitalia. **Exploration, research, and experience are the main things that helped me navigate sex as an intersex person.** These things might also help you, but, as mentioned before, **we are a diverse people with diverse experiences and needs. What helped me might not help you and vice versa.**

No matter who you are, what your body looks like, or what your body is able to do, you are deserving of pleasure and love and care. Sometimes, your body or your mind might not agree with you. Be open with your partner(s) about things such as dysphoria, hormone effects, the effects of your specific intersex condition, etc. If you feel as though you can't have sex due to your transness and/or intersexness and it's causing you significant distress, you are not alone. I suggest talking to your doctor or a trans/intersex-informed sex therapist to see if there is anything that can help you form the relationship with sex that you want to have.



Navigating Sex As An Assault Survivor

Navigating a sex life as a sexual assault/abuse survivor is a difficult, terrifying, and rewarding journey. There are many challenges you might face when trying to reclaim your sexuality. You might have a hard time getting aroused. You might have a harder time trusting partners. You might feel the urge to have higher-risk sex. You might not be ready to have sex again just yet. You might never feel truly ready to have sex. All of these responses to being assaulted are common and valid. **Do not feel guilty or bad or ashamed for responding to trauma in whatever ways your brain responds. It's not your fault.**

One of the best first steps someone can take on the road to reclaiming their sex life after being assaulted is to explore and refamiliarize themselves with their body through masturbation. “Solo sex can be a means of therapeutic self-discovery.” (Hawbaker). **Getting comfortable with touching yourself can help you understand that touch can be pleasurable.** It doesn't have to and it shouldn't hurt or feel distressing. I also suggest talking to a trauma-informed sex therapist about any difficulties you might be having surrounding sex and sexuality. It's common to feel like you're alone or that you don't have anyone to talk to about sexuality after trauma, but I assure you, you are not alone, and should you decide to talk with a therapist about any issues you might be having, you will not be judged.

When or if you feel ready to start engaging sexually with other people, it's important to keep in mind that even after becoming comfortable with touch and/or seeing a therapist, there might be things that trigger you during sexual activity. For example, **some positions or acts could make you feel unsafe.** You might not be ready to use certain positions or engage in certain acts just yet. You might never be ready for those positions or acts or you might have no desire for them. If your assault happened while you were being held down or while you were underneath someone, for example, “...it only makes sense that being held down (even consensually) or being on the bottom (again, even consensually) could be a triggering experience.” (Trotta). Experimenting with different positions (page 16) may be helpful.

Healing is tricky and trauma affects the brain in so many different ways that expecting to have a “perfect” recovery or “perfect” relationship with sex after being hurt is unrealistic. If you feel ready to rekindle your relationship with sex and sexuality, know that “communication is the best place to start” (Hawbaker). If you have a partner or partners that you want to have sex with, be open with them. Of course, **it is your choice what to disclose to them, when to disclose it, and what exactly you want to come of the conversation, but communication is necessary.** I myself still have a hard time saying the word “rape” when it comes to talking about my experience. I let all those I choose to engage with sexually know that I've been assaulted in the past and that it might affect the way I react, but I have never gone into more detail than that and I don't feel the need to. **What you disclose when you're ready is up to you and you only.**

The Value Of Research And Experience

When it comes to sex of any kind, there is a lot of value in learning in any way you can. Learning through research is just as good as learning through experience and vice versa though learning through experience comes with many risks. Sex in and of itself is always risky, but so is everything in life. **Don't be afraid to experiment, but always make sure you do your research beforehand.**

Research the types of sex you want to have. Research positions you're interested in trying. Research protection/prevention methods that you think might work best for you and your partner(s). Research the types of lubrication you might want to use. Research any questions you might have and be open with your partner(s) about any fears, doubts, or thoughts you might be having surrounding sex. Encourage your partner(s) to do their own research as well. **There is no such thing as being too informed, especially when it comes to sex.**

When applying your research, always ensure that all parties consent. Ask for and use the language your partner(s) prefer and inform them of the language you prefer. Use positions that are safe and comfortable for all parties. Always use protection and use as much lube as you want/need. If engaging in kinky sex, always talk about what the plan for the scene is going to be with your partner(s), establish safewords, and refer to the rules of SSC (safe, sane, and consensual) and RACK (risk-aware consensual kink). Keep in mind that sometimes, your body or the body/bodies of those you're engaging sexually with might not agree with the position you want to use or the type of sex you want to have. Sometimes, things just don't work and that's ok. There are always other ways to do things.

Sex should be pleasurable and fun for all parties involved. If something doesn't feel good, physically or mentally, don't feel afraid to let your partner(s) know. Allow them to do the same. Everyone is deserving of a fun, safe, pleasurable, and healthy relationship with sex and sexuality.

No matter who you are, no matter what your body looks like, what it can or can't do, you deserve to feel safe, loved, attractive, and desired. Research can help you prepare. Experimenting by yourself can help you build confidence and love for yourself. Experience can help you learn about yourself and others. There is no right or wrong way to research sex. There is no right or wrong way to have sex. As long as it is consensual, comfortable, pleasurable, and as safe as it can be made, whatever ways you and your partner(s) decide to engage with each other is valid and good.

Conclusion

This zine for me was a labor of love. My chance to come to my community with my heart showing and give them the understanding, support, language, and advice I needed growing up. I wanted to produce this zine, to put it into the hands of anyone who might need or want it, because I love and care for you and **I want you to have the resources to love and care for yourself and your partner(s).**

I wanted this zine to be as inclusive as I could possibly make it because you deserve to feel included. I wanted the language to not make any assumptions because people are diverse and can't be expected to be the same as each other. I wanted the terms to be as non-gendered as I could make them because sometimes, gendered terms can be hurtful. I wanted my experiences to serve as a way to relate to you and show that there is nothing shameful or embarrassing about these topics because you deserve someone to relate to and nobody deserves to feel ashamed. **I wanted my words to feel kind because you deserve kindness.**

It is my hope that in reading this zine, you were able to learn what you needed to learn or at least obtain the motivation and/or resources you need to help you continue learning. **There is only so much knowledge I have, only so much I can tell you.** A lot of things need to come from experience. A lot of the ways we as people learn to exist is through trial and error. Part of learning to ride a bike is watching, but the other part is doing. It is my hope that this zine serves as your training wheels, your elbow and knee pads, your helmet.

Go forth and love safely.



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